



SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470

DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106

PHONE: 860-509-6002

WEBSITE: www.concord-sots.ct.gov

JUDGMENT LIEN CERTIFICATE

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS): CUSTOMER ID: NAME: ADDRESS: CITY: STATE: ZIP: EMAIL:		FILING FEE: \$50 <i>MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"</i>	
1. JUDGMENT DEBTORS FULL LEGAL NAME			
OR	1A. ORGANIZATION'S NAME		
	1B. INDIVIDUAL'S		
	SURNAME		
	FIRST PERSONAL NAME	MIDDLE	SUFFIX
1C. MAILING ADDRESS: ADDRESS: CITY: STATE: ZIP: COUNTRY:			
2. ADDITIONAL JUDGMENT DEBTORS FULL LEGAL NAME			
OR	2A. ORGANIZATION'S NAME		
	2B. INDIVIDUAL'S		
	SURNAME		
	FIRST PERSONAL NAME	MIDDLE	SUFFIX
2C. MAILING ADDRESS: ADDRESS: CITY: STATE: ZIP: COUNTRY:			

3. JUDGMENT CREDITORS FULL LEGAL NAME			
OR	3A. ORGANIZATION'S NAME		
	3B. INDIVIDUAL'S		
	SURNAME		
	FIRST PERSONAL NAME	MIDDLE	SUFFIX
3C. MAILING ADDRESS:			
ADDRESS:			
CITY:			
STATE:		ZIP:	COUNTRY:
4. ADDITIONAL JUDGMENT CREDITORS FULL LEGAL NAME			
OR	4A. ORGANIZATION'S NAME		
	4B. INDIVIDUAL'S		
	SURNAME		
	FIRST PERSONAL NAME	MIDDLE	SUFFIX
4C. MAILING ADDRESS:			
ADDRESS:			
CITY:			
STATE:		ZIP:	COUNTRY:
5. COURT IN WHICH JUDGMENT WAS RENDERED			
6. DATE OF JUDGMENT			
7. ORIGINAL JUDGMENT AMOUNT		8. AMOUNT DUE	
9. PERSONAL PROPERTY ON WHICH LIEN IS PLACED			
10. JUDGMENT CREDITOR SIGNATURE:		11. DATE:	